

An Introduction to Elder Abuse for Professionals:

Physical Abuse



Understanding Physical Abuse

Learning Objectives

At the end of this training, you will be able to:

- Define and describe physical abuse
- Identify indicators of physical abuse
- Identify strategies to respond to possible physical abuse situations

Case Example

- Maria, an 87-year-old woman who is paralyzed, lives in a nursing home.
- Her family installs a video camera in her bedroom.
- Video shows her being repeatedly hit by a nursing home employee who says: “Lady, why don’t you die?”

Case Example (cont.)

- Chris, the grandson of an elderly man, George, demanded money.
- When George refused, Chris strangled him until a neighbor yelled that she had called police.

Physical Abuse

The use of physical force that may result in bodily injury, physical pain, or impairment

(National Center on Elder Abuse)



Consider adding state, tribal, or territorial statutes relating to physical abuse here. These may be found in criminal law, protective services, or other statutes.

Consider discussing reporting laws in the Response Section (slide 25).

Physical Abuse Can Include

- Hitting, slapping, pushing, shaking, kicking, or burning
- Inappropriately using drugs or physical restraints
- Force feeding
- Physical punishment
- Homicide or homicide/suicide
- Strangulation and suffocation

Strangulation and Suffocation

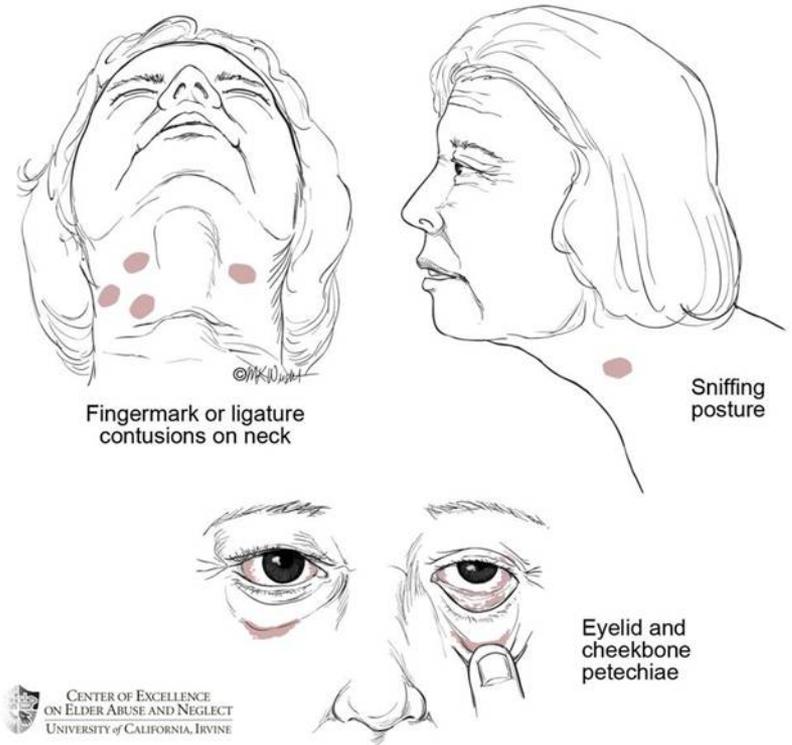
- Strangulation: Closure of the blood vessels and air passages due to external pressure on the neck.
- Suffocation: Obstruction of air passage by pressure on the chest, pinching of nostrils, pillow or plastic bag over nose and mouth.
- Both may be hard to detect and report may be minimized.
 - May be part of domestic violence and sexual assault
 - May not result in visible injuries, even if fatal attack

Strangulation Injuries

- May leave no bruises or marks
- When injuries are present they may include:
 - Neck pain
 - Soreness
 - Scratch marks
 - Petechiae (tiny red spots or dots from capillaries bursting from pressure) above the area where pressure was applied
 - Raspy throat
 - Difficulty swallowing
 - Redness in the eyes
 - Light headedness and faintness
 - Ligature marks (when ligatures are used).

Strangulation Injuries (cont.)

- These are some of the signs that strangulation has occurred:
- Petechiae: Pinpoint, round spots that appear on the skin as a result of bleeding under the skin.
- Commonly cluster or rash



Homicide and Homicide-Suicide

- Homicides of older adults may be overlooked or considered “natural”
- Homicide-suicide is more common in the elderly than in younger populations.
 - Most frequently committed by male intimate partners using a firearm
 - High incidence of mental health problems, especially depression, which are often undiagnosed
 - Approximately 25-30% are domestic violence (Cohen and Malphurs, 2001)

Indicators: Victim

- Bruises, lacerations, open wounds, cuts, punctures, burn marks
- Sprains, dislocations, broken bones
- Internal injuries/bleeding
- Patterned injuries
- Physical signs of being restrained or strangled

Patterned Injury



Bruising and Elder Abuse

- Older victims had significantly larger bruises
- Older victims generally knew the cause of their bruises
- Older victims were significantly more likely to have bruises on the
 - face
 - upper arms
 - torso
- Bruises cannot be aged by their color

(UC Irvine, 2009)

Bruising and Elder Abuse (cont.)

Does the story fit the physical evidence?

Size? Shape? Location? Multiple?



Indicators: Potential Victim

- Untreated injuries in various stages of healing
- Delayed seeking of medical care
- Laboratory findings of medication overdose or under utilization
- Changes in speaking, swallowing, or breathing with a report of strangulation
- An elder's report of being hit, slapped, kicked, or mistreated

Indicators: Environment

- Overturned furniture, holes in walls
- Broken items
- Presence of items that match injury pattern
- Weapons present
- Bindings and restraints
- Medications prescribed for older adult are missing, empty, or unfilled

Response to Physical Abuse

Victim Safety

All responses and interventions must consider and prioritize victim safety.

What You Can Do

- **Recognize the signs of Physical Abuse**
- **Ask**
- **Report or refer**

If The Older Adult Can Answer Questions, Consider Asking:

- Are you afraid? Worried?
- Is anyone hurting you or frightening you?
- Is anyone threatening or intimidating you?
- Are you taking all your medications as prescribed? How do the medications make you feel?

*Ask privately, in an area where you will not be overheard

If The Older Adult Can Answer Questions, Consider Asking (cont.):

- Has anyone done something to you that caused you pain or discomfort?
- I noticed the bruises on your arm. Can you tell me what happened?
- Have you seen your doctor or received medical care?

*Ask privately in an area where you will not be overheard

Report - Refer

REPORT

- 911 or law enforcement (life threatening or possible crime)
- Adult protective services
- Licensing board (if abuse occurs in a facility)

REFER

- Domestic violence or sexual assault organization
- Aging network agency
- Ombudsman (if abuse is in a facility)



Consider inserting slides describing the local jurisdiction's elder abuse/vulnerable adult reporting law

Consider adding local resources and programs. (See “*A Guide to Planning Your Elder Abuse Presentation*” at ***** for more information.)

Additional Resources

- [National Center on Elder Abuse \(NCEA\)](#)
- [National Adult Protective Services Resource Center \(NAPSRC\)](#)
- **National Domestic Violence Hotline: 1-800-799-SAFE**
- [National Clearinghouse on Abuse in Later Life \(NCALL\)](#)
- [The National Consumer Voice for Quality Long-Term Care](#)
- [National Long-Term Care Ombudsman Resource Center](#)

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